

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**APPLICATION FOR REFUND (USDC-CAND PAY.GOV)**

PAY.GOV TRANSACTION DETAILS

**IMPORTANT:**

- Complete all required fields (shown in **red\***); otherwise, your request may be denied and require resubmission.
- The information for the required receipt fields can be found in the Pay.gov screen receipt or confirmation email.

**1. Your Name\*:** Ryan J. Moorman

**9. Fee Type:\***

**2. Your Email Address\*:** ryan.moorman@kirkland.com

☐ Attorney Admission

**3. Receipt Agency Tracking ID for Refund\*:** ACANDC-20611485

☐ Civil Case Filing

**4. Transaction Date for Refund\*:** 4/25/2025

☐ Audio Recording

**5. Transaction Amount to be Refunded\*:** \$328.00

☐ Notice of Appeal

**6. Receipt Agency Tracking ID for  
Correct Receipt Number on Docket\*:** ACANDC-20611547

☒ Pro Hac Vice

**7. Your Phone Number:** 312-862-3408

☐ Writ of Habeas Corpus

**8. Full Case Number (if applicable):** 4:25-cv-03535-HSG

☐ Other: \_\_\_\_\_

**10. Reason for Refund Request\*:** Explain in detail what happened to cause duplicate charges, no fee required, etc.

☒ Duplicate Charge

☐ No Fee Required for Filing

☐ Other

PHV was filed twice on docket (Dkt. 19 and 20), Dkt. 19 was taken off the docket, for which we are requesting a refund.

*If you paid a filing fee using an abandoned case number, note that case number here and e-file the refund request in the **open** case.*

✓ **Efile this form: OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: [cand.uscourts.gov/ecf/payments](https://cand.uscourts.gov/ecf/payments).

Assistance: Contact the ECF Help Desk at 1-866-638-7829 or [ecfhelpdesk@cand.uscourts.gov](mailto:ecfhelpdesk@cand.uscourts.gov) Monday - Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied — Resubmit amended application (see reason for denial)
Approval/denial date:	
Pay.gov refund tracking ID refunded:	
Date refund processed:	
Request approved/denied by:	
Agency refund tracking ID number:	
Refund processed by:	
Reason for denial (if applicable):	
Referred for OSC date (if applicable):	